hypoglycaemia in December 2010 and Jan 2011 to evaluate effectiveness of this intervention.

Conclusion: Cardiac diabetic nurse is effective in reducing the incidence of hypoglycaemic events in cardiac patients with Type 2 DM at KACC through focused educational interventions.

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SHA 010. The early outcome of coronary artery bypass surgery in hemodialysis-dependent chronic renal failure patients

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Objective: Coronary artery bypass grafting (CABG) in hemodialysis-dependent patients is associated with high mortality and morbidity rates. This retrospective study was undertaken to identify the risk factors for the 30 days mortality for hemodialysis-dependent patients.

Methods: Subjects included 85 consecutive hemodialysis-dependent patients (63 men and 22 women), aged 50–87 years (mean age, 68 years), who underwent CABG.

Operative procedures included CABG alone ($n = 52$) and CABG with valve replacement, repair, or others ($n = 33$). A series of peri-operative risk factors were subjected to univariate and multivariate analyses to identify the risk factors for the early mortality.

Results: The overall 30 days mortality rate was 14.1% (12/85). Univariate analysis showed the following 4 risk factors to be statistically significant predictors of hospital death: a concomitant cardiac procedure, left ventricular ejection fraction $< 30\%$, emergency/urgent surgery, and anemia (hemoglobin < 10 mg/dl) ($p < 0.05$ for each predictor). Multivariate logistic regression analysis however confirmed that a concomitant cardiac procedure ($\chi^2 = 15.090$, $p = 0.013$) is the only statistically significant independent risk factors for hospital death.

Conclusion: A concomitant cardiac procedure was identified as significant independent risk factors for hospital mortality after CABG in our population for hemodialysis-dependent patients. Therefore, these pre-operative risk factors may help in predicting operative risks and improving clinical outcomes in hemodialysis-dependent patients undergoing CABG.

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SHA 011. Clinical care pathways for coronary surgery: Compliance to the ACC/AHA recommendations and its impact on early outcome

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Objectives: To assess our center's performance and compliance to the evidence based practice and the standards of proven care according to the ACC/AHA 2004 recommendations for the coronary bypass surgery.

Methods: The prospectively collected data of 180 patients, who underwent coronary bypass surgery between 1st of July 2009 and 30th of June 2010, were analyzed and the compliance of our practice of care in relation to the ACC/AHA recommendations and the impact of compliance on outcome was studied.

Results: 100% compliance to class I recommendations was noted; in relation to the use of preoperative antibiotics, aspirin, statins, internal mammary artery (IMA) use and the aggressive debridement and flap for the cases of severe mediastinitis. However, the compliance was 91% for the preoperative carotid evaluation, 90% for the use of beta blockers and 88% for the withholding of clopidogrel 5 days prior to surgery. We had no policy in relation to the identification of the atherosclerotic aorta prior to surgery. However, we achieved 80–100% compliance to most of class II recommendations. We have not adopted the recommendations for delayed operation for the right ventricular infarction and the use of anticoagulation post antero-apical myocardial infarction.

There was one in-hospital mortality (0.5%). The incidence of stroke, post operative sternal wound infection and renal impairment was 2%, 4%, and 2%, respectively.

Conclusion: The compliance to the ACC/AHA recommendations in our practice is very encouraging and reflected positively on the early outcome. Further improvement in the compliance is required to reduce the morbidity.

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SHA 012. Transcutaneous aortic valve implantation "TAVI" experience at PSCC: 1 year follow up

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Objective: To assess the results of (TAVI) at one year at PSCC, Riyadh.

Methods: From April 2009 till October 2010, 31 patients with severe AS were enrolled for TAVI technique using Edwards Sapien aortic valve. 27 patients had TAVI and 4 were excluded. Transapical technique was performed in 20 patients (74%) and Transfemoral in 7 patients (26%). The mean age was 79.6 years, the mean Euroscore was 23, 12 female (44.4%) and 15 male patients (55.6%) done, the mean EF 50.3%, and PAP 49.7 mm Hg. 26% of patients had COPD, 37% renal impairment, 14.8% CVA, 66.6% PVD, 7.5% Porcelain aorta, 48.1% CAD or PCI, and 22.2% had CABG. The mean AVA 0.55 cm^2, mean peak aortic gradient 91.3 mm Hg, and mean AV annulus 23.2 mm.

Results: The mean Hospital stay was 12.5 days, and median 7 days. The overall 1 month mortality was 11.1% and 1 year survival 88.9%. 44.5% of patients had grade-I paravalvular leak, 7.5% had grade-ii, and 48% of patients had no leak. The mean peak aortic gradient was 19.8 mm Hg, EF 48.8%, pap 47.5 mm Hg. Cardiac tamponade in 2 patients (7.4%), apical tear in 1 patient (3.7%), exploration for bleeding in 3 patients (11.1%), coronary occlusion in 1 patient (3.7%), CVA in 1 patient (3.7%), dialysis in 4 patients (14.8%), reintubation in 3 patients (11.1%), vascular complications in 1 patient (3.7%), wound infection in 2 patients (7.4%), 0% PPM insertion.

Conclusion: TAVI is a feasible technique for high risk AVR with good outcome.

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